

CHECKLIST FOR SWMU RESPONSES

Name of Facility Greene, T.W. & Co
 EPA I.D. # PA 0075504795
 Date Recieved 6/3/86

1. Is facility currently storing less than 90 days. YES ☒ NO ☐

2. Did facility claim that they filed in error YES ☒ NO ☐

3. Description/Number of SWMU's 1
 Land Disposal _____ Incinerators _____ Tanks _____
 Land Treatment _____ Surface Impoundments _____ Drums ☒
 Other _____

4. Is there evidence of contamination YES _____ NO ☒
 Groundwater: YES _____ NO _____
 Surface Water: YES _____ NO _____
 Air: YES _____ NO _____

5. Certification YES _____ NO ☒

6. PRIORITY

HIGH----Reported evidence of release to air, ground or surface water.

MEDIUM--No releases reported but land based SWMUs reported.

☒ LOW-----Everything else.

7. Comments:

Improper Signature

APR 17 1985

In Reply Refer To: 3HW33

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. A. B. Pileck, Vice-President
Greene, Tweed & Co., N. Wales
320 Elm Avenue
North Wales, PA 19454

Re: PAD 075504795

Dear Mr. Pileck:

Sections 3004(u) and 3008(h) of the Hazardous and Solid Waste Amendments of 1984 (RCRA Reauthorization) give EPA the authority to require corrective action for all releases of hazardous wastes or constituents from any solid waste management unit ("SWMU") as defined on the enclosed sheet. This requirement applies to operating units, inactive units, as well as those that are closing or have been closed in the past.

EPA and the State must first determine the location of all SWMUs at your facility. Next, we must determine whether or not any "releases" (see definitions) originated at these units. In order to enable us to make these determinations, you must provide the following information:

- (1) A topographic map showing the facility and a distance of 1,000 feet around it, at a scale of one-inch equal to not more than 200 feet. In addition to showing the location of the hazardous waste management facilities for which you are seeking a permit, it must locate all existing and former SWMUs at your facility.
- (2) For each SWMU, provide a description of the unit's functions, material of construction, dimensions, capacity, ancillary systems (piping), etc. If available, provide engineering drawings of the units and their foundations. For closed facilities, also provide

CONCURRENCES							
SYMBOL							
SURNAME							
DATE							

a copy of the closure plans, a description of how closure was performed and any relevant post-closure information you have available.

- (3) For each SWMU, provide a description of all solid wastes including hazardous wastes and hazardous waste constituents received by the units. Also, provide information on quantities of hazardous wastes and hazardous waste constituents received by each SWMU and the dates during which these units operated.
- (4) For each solid waste, SWMU, describe any releases (or possible releases) originating at the unit. This should include information on the date of release, type of solid waste, hazardous waste or hazardous waste constituents released, quantity released, nature of the release, extent of migration, and cause of release, for example, an overflow, broken pipe, tank leak, etc. Also, provide any available data which would quantify the nature and extent of environmental contamination including the results of soil, surface water and/or ground water sampling and analysis efforts. Likewise, any monitoring information that indicates releases are not present should also be submitted.

Please be advised that § 3004(u) applies to those treatment/storage/disposal facilities required to obtain RCRA permits. If you are not required to obtain a RCRA permit, please indicate that fact in your response.

Additionally, § 3008(h) applies to all facilities that operated under interim status. In some cases, this provision will not apply to a facility because it never actually operated under interim status; for example, a storage facility that filed for interim status, but never stored for more than 90 days. If you determine that this provision does not apply to your facility, you must list specific reasons that support the fact that you never operated under interim status.

If some or all of the above requested information has been previously submitted to this office, please reference this information in your reply.

We request under Section 3007 of the Act, 42 U.S.C. § 6927, that you submit two copies of the above requested information within forty-five (45) days of your receipt of this letter to both EPA and the Pennsylvania Department of Environmental Resources (PA DER).

All information you submit should be certified as required by regulation 40 C.F.R. 270.11(d). Should you have any questions concerning this letter, please contact Samuel Israel at (215) 597-9809.

Sincerely,

Stephen R. Wassersug, Director
Hazardous Waste Management Division

Enclosure

cc: Mr. Norman Morse, PT Eng.
Greene, Tweed & Co., N. Wales
320 Elm Ave.
North Wales, PA 19454

PA DER - Norristown

PS Form 3811, July 1983 447-845

<p>SENDER: Complete items 1, 2, 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.</p>	
<p>1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.</p> <p>2. <input type="checkbox"/> Restricted Delivery.</p>	
<p>3. Article Addressed to:</p> <p><i>A. B. Pileck, V.P. Greene, Treadwell Co., N. Wales 320 Elm Ave. North Wales, Pa 19454</i></p>	
<p>4. Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p>	<p>Article Number</p> <p><i>P155 325 245</i></p>
<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>	
<p>5. Signature - Addressee</p> <p><i>X</i></p>	
<p>6. Signature - Agent</p> <p><i>X Diane Unruh</i></p>	
<p>7. Date of Delivery</p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

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SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

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- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO 

ENVIRONMENTAL PROTECTION AGENCY
(Name of Sender)

Region III (3HW30) *C. Johnson*

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

841 Chestnut Street

Philadelphia, Pennsylvania 19107

(City, State, and ZIP Code)

P 155 325 245

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

Sent to <i>A. B. Pilech, U.P.</i>	
<i>Greene, Twined & Co., N. Wales</i>	
Street and No. <i>320 Elm Ave.</i>	
P.O., State and ZIP Code <i>North Wales, Pa 19454</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Mark or Date <i>4/18/86</i>	

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1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article. **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.